Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515

Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510

http://lobbyingdisclosure.house.gov http://www.senate.gov/lobby

LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required to Complete This Page

1. Registrant Name Organization/Lobbying Firm Self Employed Individual CIGNA CORPORATION							
2. Address Check if different than previously reported Address1 601 PENNSYLVANIA AVENUE, NW WASHINGTON State	Address2 SUITE 500 SOUTH BUILDING DC Zip Code 20004 - Country USA						
3. Principal place of business (if different than line 2) City State	Zip Code Country						
4a. Contact Name Michelle D. Ridgley b. Telephone Number International Number (202) 861-6383							
7. Client Name Self Check if client is a state o	6. House ID# 31670000						
TYPE OF REPORT 8. Year 2009 Q1 (1/1 - 3/31) ☑ Q2 (4/1 - 6/30) ☐ Q3 (7/1-9/30) ☐ Q4 (10/1 - 12/31) ☐ 9. Check if this filing amends a previously filed version of this report ☑ 10. Check if this is a Termination Report ☐ Termination Date 11. No Lobbying Issue Activity ☐							
INCOME OR EXPENSES - YOU MUST complete 12. Lobbying	13. Organizations						
INCOME relating to lobbying activities for this reporting period was: Less than \$5,000 \$5,000 or more \$	EXPENSE relating to lobbying activities for this reporting period were: Less than \$5,000 \$5,000 or more \$						
Provide a good faith estimate, rounded to the nearest \$10,000, of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).	14. REPORTING Check box to indicate expense accounting method. See instructions for description of options. ✓ Method A. Reporting amounts using LDA definitions only Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code Method C. Reporting amounts under section 162(e) of the Internal Revenue Code						
Signature Filed Electronically	Date 04/20/2009						
Printed Name and Title Michelle D. Ridgley, Public Policy v6.0.1f	Page <u>1</u> of <u>6</u>						

LOBBYING ACTIVITY. See engaged in lobbying on behalf information as requested. Add	f of the client	during the reportin			ne areas in which the registrant page for each code, provide		
15. General issue area code	HCR HEALTH ISSUES			(one per page)			
16. Specific lobbying issues					_		
See Attached List							
17. House(s) of Congress and	l Federal agen	cies	ck if Non	e			
	Office (CB	O), U.S. HOU	SE OF	REPRESEN	ITATIVES, U.S. SENATE, F	Неа	lth &
18. Name of each individual v	vho acted as a	lobbyist in this iss	ue area				
First Name	Last Name		Suffix	Cover	ed Official Position (if applicable)	ı	New
Kristin	Julason Dama	to					
G. William	Hoagland						
						7	
19. Interest of each foreign e	ntity in the sp	ecific issues listed	on line 1	6 above \[\int \]	Check if None		
Printed Name and Title N					:V		
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CIGNA CORPORATION

H.R. 1691 -- Breast Cancer Patient Protection Act

S. 391/H.R. 1321 -- Healthy Americans Act

S. 1753/H.R. 3717/ S. 803/ H.R. 1897 -- Healthy Workforce Act

H.R. 1 -- American Recovery and Reinvestment Act of 2009

H.R. 598 -- Health Insurance Assistance For Unemployed Act of 2009

H.R. 2 -- Children's Health Insurance Program Reauthorization Act of 2009

H. Con Res 85/ S. Con Res 13 -- setting forth the Congressional budget for the U.S. Government for FY 2010, as it relates to health care reform.

LOBBYING ACTIVITY. Sengaged in lobbying on beha				ue areas in which the registrant					
information as requested. Ad			nod. Osnig a separate	page for each code, provide					
15. General issue area code	code BUD BUDGET/APPROPRIATIONS			(one per page)					
16. Specific lobbying issues									
H. Con Res 85 & S. C	on Res 13	- setting forth the	Congressional	budget for the U.S. Gove	ernment for				
FY 2010, as it relates	FY 2010, as it relates to health care reform								
17. House(s) of Congress an	d Federal agenc	ies Check if	f None						
U.S. HOUSE OF REP	RESENTAT	IVES, U.S. SEN	ATE						
18. Name of each individual	who acted as a le	obbyist in this issue ar	rea						
First Name	Last Name	Suff	fix Cover	red Official Position (if applicable)	New				
G. William	Hoagland								
Kristin	Julason Damato								
19. Interest of each foreign e	entity in the spec	cific issues listed on l	line 16 above [Check if None					
Printed Name and Title	/lichelle I	D. Ridgley, I	Public Polic	sy .					
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CIGNA CORPORATION

LOBBYING ACTIVITY. So engaged in lobbying on behalinformation as requested. Add	f of the client	during the reportin		-	_	
15. General issue area code	MMM MEDICARE/MEDICAID			(one p	er page)	
16. Specific lobbying issues						
	on issues 1	or the Medicar	e Adva	ntage and Medica	are Part D prescription d	rug
				-)Chronic Care Medica	_
Health Support Organi	zations Es	timates; CMS	45 Day	Notice of Change	e in Payment Methodolo	ду
17. House(s) of Congress and	l Federal age	ncies	ck if Non			
U.S. HOUSE OF REP	RESENTA	TIVES, U.S. S	ENATE	, Health & Humar	n Services - Dept of (H	HS),
Office of the President						
18. Name of each individual v	vho acted as a	lobbyist in this iss	ue area Suffix	Covered Offic	ial Position (if applicable)	New
G. William	Hoagland					
Kristin	Julason Dama	ato				
19. Interest of each foreign e	ntity in the sr	ecific issues listed	on line 1	above ✓ Che	eck if None	
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Printed Name and Title No.0.1f	1ichelle	D. Ridgle	y, Pu	olic Policy	Page <u>5</u>	_ of _6

CIGNA CORPORATION

Client Name

CIGNA CORPORATION

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15. General issue area code	LBR LABOR ISSUES/ANTITRUST/WORKPLACE (one per page)			(one per page)			
16. Specific lobbying issues							
Issues relating to defin	ed benefits	and pensions	S				
17. House(s) of Congress and U.S. HOUSE OF REPI			ck if Non				
18. Name of each individual w		lobbyist in this issu		Cove	ered Official Position (if applicable)	1	New
First Name G. William	Last Name Hoagland		Suffix		The officer of the second of t	$\neg \Box$	7
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19. Interest of each foreign en	ntity in the spe	ecific issues listed	on line 1	5 above	✓ Check if None		
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